

Contractor Registration Checklist

☐ **Contractor Registration Application:**

- Completed and signed by the person chosen to be the responsible party for the company.

☐ **Assignment of Registration:**

- If assigning the registration to a business concern, a completed, signed Contractor Registration Assignment/Authorized Signer Form is required. When an assignment is made, all documents are to be completed in the name of the business and a list of individuals that will be authorized to apply for permits in the name of said business must sign the form.
- Additional signature sheets may be attached as necessary. Only persons whose signatures appear on the assignment form are authorized to sign permit applications.

☐ **Income Tax Contractor Application:**

- If assigning the registration to a business concern, the Federal Taxpayer ID Number of that business concern or responsible party's Social Security Number is required. Paperwork that has omitted either of these pieces of identification will be returned without being processed.
- Registration with the Income Tax Division will be processed from the application data.

☐ **Certificate of Liability Insurance For New and Renewal Contractor Registration:**

- Written by an insurance company licensed to do business in the State of Ohio with the limits of liability no less than one hundred thousand dollars (\$100,000) for damages to a single person, and three hundred thousand dollars (\$300,000) for one (1) occurrence.
- Crane Operations;
 - o Equipment with a rated lift capacity no greater than 40 tons shall hold current and valid liability insurance coverage in an amount no less than \$1,000,000 per occurrence and \$2,000,000 aggregate with additional umbrella coverage of no less than \$4,000,000.
 - o Equipment with a rated lift capacity of greater than 40 tons, shall hold current and valid liability insurance coverage in an amount no less than \$1,000,000 per occurrence and \$2,000,000 aggregate with additional umbrella coverage of no less than \$10,000,000
 - o

☐ **Crane Equipment and Personnel Lists:**

- Provide list of all equipment and personnel on the "Crane Contractor Registration Supplemental List"

Other Items Required If Applicable:

☐ **Proof of Ohio Workers' Compensation coverage**

☐ **Copy of State License if OCILB**

☐ **Registered Contractor Sub List:**

- A general contractor shall provide with the request for Certificate of Occupancy a list of all subcontractors used on the project for which the Certificate of Occupancy is being sought. **This form is required in the field by the inspector.**

❑ **Contractor Registration Fees:**

- **Registration:** The fee for a contractor's initial registration is **\$125.00 + 3% technology surcharge + 1% financial recovery fee + 1% training surcharge will be added to all scheduled fees = TOTAL \$131.25** per year for up to three (3) years.
 - Processing time for a complete application is a minimum of 10 days. If your information is incomplete and/or erroneous, the entire packet may be returned for corrections. All resubmitted packets will begin the processing time again at day one.
- **Same Day Processing Service:** Same day Contractor Registration is now available for an additional **\$210.00** above the registration fee, late and/or reactivation fees.
 - Part of the Contractor's Registration process requires Income Tax Department approval. In order to receive timely service, all Same Day Processing Service requests should be received by 1:00 p.m. of the date of application. Once approvals are obtained the registration will be issued and permits can be released.
- **Renewal:** A contractor may renew a registration, without penalty, any time during the 60-day period preceding the expiration date.
 - Licenses can be renewed for up to three years at a cost of **\$131.25** per year.
- **Additional Fees:**
 - Renewal applications, or corrected documents requested by City Staff, submitted within 30 days after the expiration date of the existing registration license will be assessed a **\$78.75** late fee.
 - A Contractor Registration License not renewed within 30 days after the expiration date will require a reactivation fee of **\$131.25** a year. In addition, a **\$131.25** registration fee shall be due (minimum of one year renewal).
 - An OCILB contractor registration shall also include applicable prorated fees of **\$10.94** for each month remaining until the expiration date coincides with their State license expiration date. **Does not apply to Renewal Applications*
- **Changes to an Issued Registration:** Mid-term changes to an existing, valid registration will be performed for a **\$78.00** fee.
 - Changes shall include but not be limited to:
 - Reassignment of a registration
 - Add, change or substitute an insurance company
 - Addition/Deletion of authorized signatures
 - Add, change or delete an OCILB license holder
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- **A 3% technology surcharge will be assessed on all contractor registration fees**
- **A 1% financial recovery fee will be assessed on all contractor registration fees**
- **A 1% training surcharge will be assessed on all contractor registration fees**
- Payment may be made in person or by mail to:

**Department of Buildings and Inspections
Contractor Registration
805 Central Avenue, Suite 500
Cincinnati, OH 45202**
- Checks should be made payable to the "City of Cincinnati". ***Please note that all fees associated with the Contractor Registration process are non-refundable.***

CONTRACTOR REGISTRATION APPLICATION

Note: For application requirements for ANY registration, refer to Cincinnati Municipal Code Chapter 1106 General and Specialty Contractors

Please check one of the following contractor registration categories and if applicable, select one of the specialties from the list provided. If the description is left blank, the general contractor designation will be assigned and listed on our website.

This application is for registry as a:

- ☐ **Home Improvement Contractor specializing in** _____
- ☐ **Building Construction Contractor specializing in** _____
- ☐ **OCILB Contractor licensed in the following trade:** (Circle all that apply)
- Electrical Mechanical Plumbing Hydronic Refrigeration Crane
- OCILB Contractors License Number** _____

PART I: APPLICANT/REGISTRANT INFORMATION

Application Date _____

I, the undersigned hereby apply for a Contractor Registration, in the City of Cincinnati, Ohio, and for that purpose give the following information and answers to ALL of the questions contained in this application:

Name _____

Home Address _____ City/State/Zip _____

Home Telephone _____ Business Telephone _____

E-mail Address _____

PART II: BUSINESS/COMPANY INFORMATION

Business Name _____

Business Mailing Address _____ City/State/Zip _____

Business E-mail Address _____ Fax # _____

Business Type (Check One) Individual Only _____ Sole Proprietorship _____ Partnership _____ Corporation _____

Do you have employees who live or work in Cincinnati? (Check One) Yes _____ No _____

Other (specify) _____

PART III: STATEMENT BY APPLICANT

I hereby certify that, to the best of my knowledge and belief, all statements made herein or attached are complete and accurate. I understand that any false statements later disclosed may cause loss of my right of registration, and may subject me to prosecution under Ohio Revised Code Section 2921.13

Date _____ Signature of Applicant _____

Official Use Only

ISSUE DATE OF REGISTRATION _____ **REGISTRATION #** _____

CONTRACTOR REGISTRATION ASSIGNMENT / AUTHORIZED SIGNER FORM

Date _____

The following information shall be furnished and the following section shall be completed in full.

Registrant: List yourself on the appropriate line. Have all authorized persons who sign permit applications sign on the line adjacent to their printed name.

PART I The following individual, having met the requirements for a contractor's registration, hereby requests that the registration be assigned to the business concern indicated.

The registrant is to be granted to engage in business as a _____ contractor, as per chapter 1106 of the Cincinnati Municipal Code, as applicable. The individual herein shall be associated with the business concern as a legal full-time officer, proprietor, partner or employee. The individual will be actively engaged in and perform work only for the business concern to which his/her registration has been assigned.

(PLEASE CHECK ONE) _ INDIVIDUAL ONLY _ SOLE PROPRIETORSHIP _ PARTNERSHIP _ CORPORATION

FULL NAME OF BUSINESS _____

BUSINESS ADDRESS _____ CITY _____ STATE _____ ZIP _____ TELEPHONE _____

EMAIL ADDRESS _____

REGISTRANT (PRINT OR TYPE NAME) _____ **TITLE** _____ **SIGNATURE** _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____ TELEPHONE _____

PART II Only persons listed on this form with signatures attached shall be authorized to sign permit applications.

1. **AUTHORIZED SIGNER (PRINT OR TYPE NAME)** _____ **TITLE** _____ **SIGNATURE** _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____ TELEPHONE _____

2. **AUTHORIZED SIGNER (PRINT OR TYPE NAME)** _____ **TITLE** _____ **SIGNATURE** _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____ TELEPHONE _____

3. **AUTHORIZED SIGNER (PRINT OR TYPE NAME)** _____ **TITLE** _____ **SIGNATURE** _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____ TELEPHONE _____

4. **AUTHORIZED SIGNER (PRINT OR TYPE NAME)** _____ **TITLE** _____ **SIGNATURE** _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____ TELEPHONE _____

The following individual requests a Contractor registration be assigned to the above business, and hereby assigns the rights of that registration.

REGISTRATION # _____

REGISTRATION HOLDER SIGNATURE & POSITION HELD IN COMPANY _____



**CITY OF CINCINNATI
INCOME TAX DIVISION
ACCOUNT APPLICATION**

CONTRACTOR

Complete this form and send to:
Cincinnati Income Tax Division
805 Central Avenue Suite 600
Cincinnati, OH 45202-5799
Phone: (513) 352-2546 Fax: (513) 352-3855
Website: www.cincinnati-oh.gov/citytax

COMPANY NAME: _____	Registration #: _____
DBA: _____	CINCINNATI LOCATION (If different from Company Address)
STREET ADDRESS: _____	STREET ADDRESS: _____
CITY/STATE/ZIP CODE: _____	CITY/STATE/ZIP CODE: _____
PHONE NO: _____ FAX NO: _____	LOCAL PHONE NUMBER: _____
SOC. SEC. _____ FED. ID NO: _____	EMAIL ADDRESS: _____
CONTACT PERSON: _____	LOCAL CONTACT PERSON: _____

TYPE OF BUSINESS ENTITY (Check the box that applies to your business):

<input type="checkbox"/> CORPORATION	<input type="checkbox"/> S-CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SOLE PROPRIETORSHIP
<input type="checkbox"/> LLC	<input type="checkbox"/> SINGLE MEMBER LLC	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> TRUST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

VOLUNTARY WITHHOLDER NON-PROFIT OTHER _____ (Specify)

NATURE OF BUSINESS: _____ **FISCAL YEAR END** (Jan through Dec): _____

WILL YOUR COMPANY CONDUCT BUSINESS WITHIN CINCINNATI? YES ☐ NO ☐

DATE **BUSINESS ACTIVITY** BEGAN IN CINCINNATI: _____

WILL YOU HAVE EMPLOYEES SUBJECT TO CINCINNATI WITHHOLDING TAX? YES ☐ NO ☐

DATE **WITHHOLDING ACTIVITY** BEGAN IN CINCINNATI: _____

QUARTERLY WITHHOLDING	< \$2,400 PER YEAR	YES <input type="checkbox"/>
MONTHLY WITHHOLDING	\$2,400 - \$11,999 PER YEAR	YES <input type="checkbox"/>
SEMI-MONTHLY WITHHOLDING	> \$12,000 PER YEAR	YES <input type="checkbox"/>

NAME OF PAYROLL COMPANY THAT YOU USE (if applicable): _____

PAYROLL COMPANY CONTACT AND PHONE NUMBER: _____

CORPORATION:


NAME	RESIDENTIAL ADDRESS	SOC. SEC NO:
PRESIDENT: _____	_____	_____
TREASURER: _____	_____	_____

PARTNERSHIPS: (attach additional sheets if necessary):

PARTNER'S NAME	RESIDENTIAL ADDRESS	SOC. SEC NO:
_____	_____	_____
_____	_____	_____

SOLE PROPRIETORSHIP: (including Single Member LLC)

OWNER'S NAME	RESIDENTIAL ADDRESS	SOC. SEC NO:
_____	_____	_____

Certificate of Liability - Standard <i>(exception Cranes - see below)</i>			
Per Occurrence	Aggregate		
\$100,000	\$300,000		

CRANE REGISTRATION INFORMATION NEEDED		
<u>Crane</u>	<u>Operators</u>	<u>Sign/Rig</u>
Unit #	Name	Name
Manufacturer	Certification #	
Model #	Certification Designation	
Capacity	Expiration Date	

Certificate of Liability Insurance - CRANE			
Capacity	Per Occurrence	Aggregate	Umbrella
<40 ton	\$1,000,000	\$2,000,000	no less than \$4,000,000
>40 ton	\$1,000,000	\$2,000,000	no less than \$10,000,000